

**THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH**

**8525**

State File No. ....

**FILED APR 6 1949**

BIRTH NO. ....		REG. DIST. NO. <u>149</u>		PRIMARY REG. DIST. NO. <u>1002</u>		Registrar's No. <u>1168</u>	
1. PLACE OF DEATH a. COUNTY <u>JACKSON</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>WASHINGTON</u> b. COUNTY <u>900</u>			
b. CITY (If outside corporate limits, write RURAL and give township) <u>KANSAS CITY</u>				c. CITY (If outside corporate limits, write RURAL and give township) <u>ALDERWOOD MANOR-RURAL</u>			
c. LENGTH OF STAY (In this place) <u>1 MONTH</u>				d. STREET ADDRESS (If rural, give location) <u>ROUTE #1 - BOX #1092</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>ST. JOSEPH'S HOSPITAL</u>				2. DATE OF DEATH (Month) (Day) (Year) <u>MARCH-11-1949</u>			
3. NAME OF DECEASED (Type or Print)		a. (First) <u>MIRIAM</u>		b. (Middle) <u>ANNIE</u>		c. (Last) <u>MARTIN</u>	
5. SEX <u>FEMALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>DIVORCED 2</u>		8. DATE OF BIRTH <u>JULY-31-1877</u>		9. AGE (In years last birthday) <u>71 YEARS</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>AT HOME</u>		10b. KIND OF BUSINESS-OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <u>CAMBRIDGE MISSOURI</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>CHARLES WATKINS MEAD</u>		13b. MOTHER'S MAIDEN NAME <u>MARY RHOADES</u>		14. NAME OF HUSBAND OR WIFE <u>G. J. MARTIN</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>—</u>		17. INFORMANT'S SIGNATURE OR NAME <u>MRS. MIRIAM A. BELL</u> ADDRESS <u>400 EAST ARMOUR BLVD. KANSAS CITY, MO.</u>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION			
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Intestinal obstruction -</u>				INTERVAL BETWEEN ONSET AND DEATH <u>24 hrs</u>			
ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Carcinoma sigmoid</u>				?			
DUE TO (c) <u>153X</u>				?			
II. OTHER SIGNIFICANT CONDITIONS <u>Arterio sclerosis &amp; atherosclerosis</u> Conditions contributing to the death but not related to the disease or condition causing death. <u>two weeks prior to obstruction</u>				?			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>Carcinoma sigmoid &amp; obstruction</u>				20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <u>Feb. 15, 1949</u> , to <u>Mar 11, 1949</u> , that I last saw the deceased alive on <u>Mar 11, 1949</u> , and that death occurred at <u>11:40 P.m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>R. Paul Wright</u> (Degree or title) <u>J.</u>				23b. ADDRESS <u>1524 Prof. Bldg. Kansas City, Mo.</u>		23c. DATE SIGNED <u>Mar 12-49</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>CREMATION</u>		24b. DATE <u>MAR-14-1949</u>		24c. NAME OF CEMETERY OR CREMATORY <u>D.W. NEWCOMER'S SONS</u>		24d. LOCATION (City, town, or county) (State) <u>KANSAS CITY, MISSOURI</u>	
DATE REC'D BY LOCAL REG. <u>3-14-49</u>		REGISTRAR'S SIGNATURE <u>Geraldine Holmes</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>D.W. Newcomer's Sons</u> ADDRESS <u>144 N. BRUSH CREEK BLVD. KANSAS CITY, MO.</u>			

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by \_\_\_\_\_

working under my personal supervision.

Student Embalmer No. \_\_\_\_\_

Signed \_\_\_\_\_

*Robert Ray*

Signed \_\_\_\_\_  
Student Embalmer

Licensed Embalmer No. \_\_\_\_\_

*4182*

P. O. Address \_\_\_\_\_

*Kansas City, Mo.*

**Note:** The above **MUST BE SIGNED BY THE LICENSED EMBALMER** in his **OWN HANDWRITING**. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.